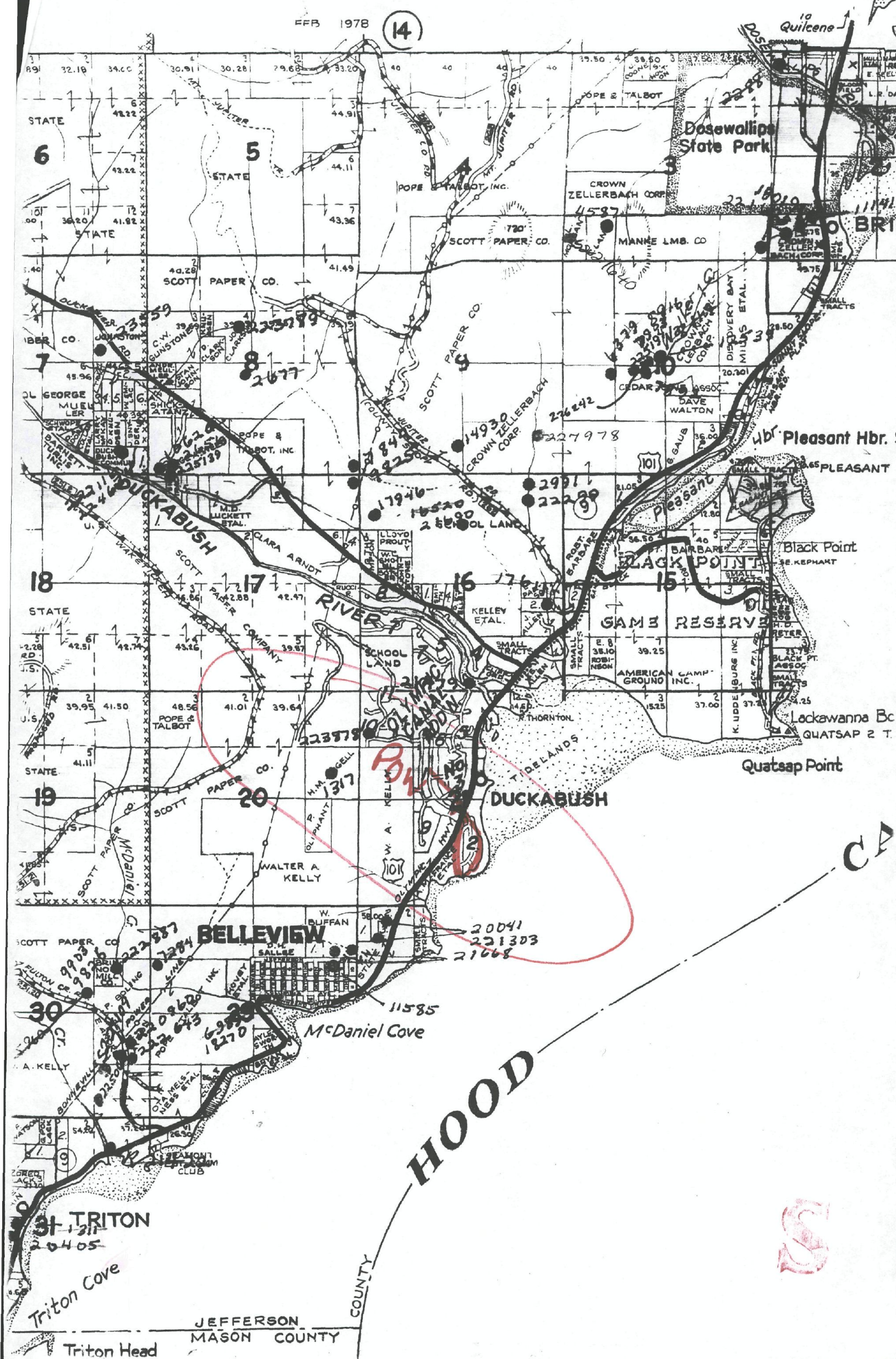


SCALE 2 IN. - 1 MILE

FEB 1978

14



ATTACHMENT A
P. 2 OF 2

(1) OWNER: Name OLYMPIC CANAL TRACTS Address _____

(2) LOCATION OF WELL: County JEFFERSON - 1/4 Sec. 1/4 T. 1 N., R. 1 W. M.
Bearing and distance from section or subdivision corner BEACH PARK

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one).... 2

| | | | | | |
|---------------|-------------------------------------|-------------|-------------------------------------|--------|--------------------------|
| New well | <input checked="" type="checkbox"/> | Method: Dug | <input type="checkbox"/> | Bored | <input type="checkbox"/> |
| Deepened | <input type="checkbox"/> | Cable | <input checked="" type="checkbox"/> | Driven | <input type="checkbox"/> |
| Reconditioned | <input type="checkbox"/> | Rotary | <input type="checkbox"/> | Jetted | <input type="checkbox"/> |

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 35 ft. Depth of completed well 35 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 1 ft. to 35 ft.

Threaded ☐ " Diam. from _____ ft. to _____ ft.

Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☐ No ☒

Manufacturer's Name _____

Type _____ **Model No.** _____

Diam. _____ **Slot size** _____ **from** _____ **ft. to** _____ **ft.**

Diam. _____ **Slot size** _____ **from** _____ **ft. to** _____ **ft.**

Gravel packed: Yes ☐ No ☒ Size of gravel:
Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? _____ ft.
Material used in seal: concrete
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Facuzzi
Type: 721 HP 34

(8) **WATER LEVELS:** Land-surface elevation 20 ft.
 Static level 10 ft. below top of well Date Sept 7-63
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☒ If yes, by whom?.....

| Yield: | gal./min. with | ft. drawdown after | hrs. |
|--------|----------------|--------------------|------|
| 100 | 100 | 100 | 100 |
| 200 | 200 | 200 | 200 |
| 300 | 300 | 300 | 300 |
| 400 | 400 | 400 | 400 |
| 500 | 500 | 500 | 500 |
| 600 | 600 | 600 | 600 |
| 700 | 700 | 700 | 700 |
| 800 | 800 | 800 | 800 |
| 900 | 900 | 900 | 900 |
| 1000 | 1000 | 1000 | 1000 |

99 99 99 99

Recovery data (time taken as zero when pump turned off) (water level

measured from well top to water level)

| Time | Water Level | Time | Water Level | Time | Water Level |
|------|-------------|------|-------------|------|-------------|
|------|-------------|------|-------------|------|-------------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

| Case | Age | Sex | Site | Pathologic | Survival |
|------|-----|-----|--------|----------------|----------|
| 1 | 60 | M | Rectum | Adenocarcinoma | 10 mo |
| 2 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 3 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 4 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 5 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 6 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 7 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 8 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 9 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 10 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 11 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 12 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 13 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 14 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 15 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 16 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 17 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 18 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 19 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 20 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 21 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 22 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 23 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 24 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 25 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 26 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 27 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 28 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 29 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 30 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 31 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 32 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 33 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 34 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 35 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 36 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 37 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 38 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 39 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 40 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 41 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 42 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 43 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 44 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 45 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 46 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 47 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 48 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 49 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 50 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 51 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 52 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 53 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 54 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 55 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 56 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 57 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 58 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 59 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 60 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 61 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 62 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 63 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 64 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 65 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 66 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 67 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 68 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 69 | 65 | M | Rectum | Adenocarcinoma | 10 mo |
| 70 | 65 | M | Rectum | Ad | |

[illegible]

.....

Date of test 11 Apr 55

Bailer test 480 gal. min. with 20 ft. drawdown after 1 hrs.

Artesian flow g.p.m. Date

Temperature of water..... Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

[illegible]

Work started....., 19..... Completed....., 19.....

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Hood CANAL Drilling Co
(Person, firm, or corporation) (Type or print)

Address RT 2 Box 690, Quilcene

[Signed] Ismael W. Mahoney
(Well Driller)

License No. 113-02-6395 Date April 20 1971

(1) OWNER: Name OLYMPIC CANAL FACTS Address _____

(2) LOCATION OF WELL: County Jefferson - 1/4 - 1/4 Sec. T N B WM

Bearing and distance from section or subdivision corner Beach Park

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) 12

| | | | | | |
|---------------|-------------------------------------|-------------|-------------------------------------|--------|--------------------------|
| New well | <input checked="" type="checkbox"/> | Method: Dug | <input type="checkbox"/> | Bored | <input type="checkbox"/> |
| Deepened | <input type="checkbox"/> | Cable | <input checked="" type="checkbox"/> | Driven | <input type="checkbox"/> |
| Reconditioned | <input type="checkbox"/> | Rotary | <input type="checkbox"/> | Jetted | <input type="checkbox"/> |

(5) DIMENSIONS: Diameter of well 66 inches.
 Drilled 66 ft. Depth of completed well 66 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 1 ft. to 60 ft.

Threaded ☐ " Diam. from _____ ft. to _____ ft.

Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name HAN AUSSLE

Type Home made Model No. _____

Diam. 7 Slot size _____ from _____ ft. to _____ ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? _____ ft.
Material used in seal CONCRETE SLAB
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Star-Rite
Type Sub HP 1/2

(8) **WATER LEVELS:** Land-surface elevation 20 ft.
above mean sea level.
Static level 10 ft. below top of well Date 8 SEP 63
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

[illegible]

Date of test: _____

Artesian flow..... g.p.m. Date.....
 Temperature of water..... Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

| MATERIAL | FROM | TO |
|----------------|------|----|
| ROCKY HARD PAN | 1 | 33 |
| GRAVEL - WATER | 33 | 35 |
| HARD PAN | 35 | 60 |
| SAND - WATER | 60 | 60 |

Work started....., 19..... Completed....., 19.....

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Hood Canal Drilling Co.
(Person, firm, or corporation) (Type or print)

Address Michelle W-n

[Signed] W. W. Mahoney
(Well Driller)

License No. 223-02-6395 Date April 20 1977

WATER WELL REPORT
STATE OF WASHINGTON

Start Card No.
Water Right Permit No.

WELL #3

(1) OWNER: Name OLYMPIC CANAL TRACTS Address BOX 36221 HWY. 101 BRINNON, WA 98320-

(2) LOCATION OF WELL: County JEFFERSON

- 1/4 1/4 Sec T N., R WM

(2a) STREET ADDRESS OF WELL (or nearest address) SAME BRINNON

(3) PROPOSED USE: DOMESTIC

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well
(If more than one)
NEW WELL Method: ROTARY

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 99 ft. Depth of completed well 99 ft.

| MATERIAL | FROM | TO |
|------------------|------|----|
| GRAVEL AND CLAY | 0 | 5 |
| BROWN HARDPAN | 5 | 15 |
| GRAVEL AND CLAY | 15 | 26 |
| HARDPAN | 26 | 29 |
| GRAVEL W.B. | 29 | 32 |
| HARDPAN | 32 | 51 |
| COBBLES BOULDERS | 51 | 57 |
| GRAVEL W.B. | 57 | 82 |
| HARD ROCK | 82 | 99 |

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Dia. from 01 ft. to 60 ft.
WELDED " Dia. from ft. to ft.
" Dia. from ft. to ft.

Perforations: NO

Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: YES

Manufacturer's Name P V C
Type OTHER Model No. STAINLESS
Diam. 4.5 slot size 15 from 63 ft. to 83 ft.
Diam. slot size from ft. to ft.

Gravel packed: NO Size of gravel
Gravel placed from ft. to ft.

Surface seal: YES To what depth? 18 ft.
Material used in seal BENTONITE
Did any strata contain unusable water? NO
Type of water? Depth of strata ft.
Method of sealing strata off NONE

(7) PUMP: Manufacturer's Name
Type NONE H.P.

(8) WATER LEVELS: Land-surface elevation
above mean sea level ... ft.
Static level 17 ft. below top of well Date 07/13/84
Artesian Pressure lbs. per square inch Date
Artesian water controlled by NOT ARTESIAN

Work started 07/10/84

Completed 07/13/84

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? YES If yes, by whom? SEQUIM VALLEY
Yield: 2 gal./min with 4 ft. drawdown after 4 hrs.

WELL CONSTRUCTOR CERTIFICATION:

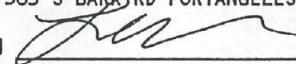
I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Recovery data

| Time | Water Level | Time | Water Level | Time | Water Level |
|------|-------------|------|-------------|------|-------------|
|------|-------------|------|-------------|------|-------------|

NAME LOUIE'S WELL DRILLING, INC
(Person, firm, or corporation) (Type or print)

ADDRESS 363 S BARR RD PORTANGELES

[SIGNED]  License No. 0848

Contractor's

Registration No. LOUIEWD137PW

Date 08/15/94

Date of test
Bailer test gal/min. ft. drawdown after hrs.
Air test 2 gal/min. w/ stem set at 79 ft. for 1.5 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? NO

ATTACHMENT 1

RESTRICTIVE COVENANT

The grantor(s) herein is (are) the owner(s) of ~~(an interest in)~~ the following described real estate situated in JEFFERSON County, State of Washington:

BEACH CLUB HOUSE AND COMMUNITY PARK IN OLYMPIC CANAL TRACTS NEAR THE NW 1/4 OF THE SE 1/4 SECTION 21, TWP 25N, R 2W W.M.

The grantee(s) herein, RESIDENTS OF ADDITION 1, OLYMPIC CANAL TRACTS, operate(s) a well and waterworks supplying water for public use, located upon the following described real estate situated in JEFFERSON County, State of Washington:

OLYMPIC CANAL TRACTS, ADDITION 1, AND BEACH CLUB HOUSE, SEC 21, TWP 25N, R 2W. W.M. JEFFERSON CO, WA.

which well and waterworks is in close proximity to the land of the grantor(s), and said grantee(s) is (are) required to keep the water supplied from said well free from impurities which might be injurious to the public health.

It is the purpose of these grants and covenants to prevent certain practices hereinafter enumerated in the use of the said grantor(s) land which might contaminate said water supply.

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantee(s), its successors and assigns said covenants to run with the land for the benefit of the land of the grantee(s), that said his (her) grantor(s), (their) heirs, successors and assigns will not construct, maintain, or suffer to be constructed or maintained upon the said land of the grantor(s) and within 100 (One Hundred) feet of the well herein described, so long as the same is operated to furnish water for public consumption, any potential source of contamination, such as septic tanks and drainfields, sewerlines, underground storage tanks, roads, railroad tracks, vehicles, structures, barns, feed stations, grazing animals, enclosures for maintaining fowl or animal manure, liquid or dry chemical storage, herbicides, insecticides, hazardous waste, or garbage of any kind or description.

These covenants shall run with the land and shall be binding to all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall inure to the benefit of each owner thereof.

WITNESS our hand on this 13th day of Sept, 1997.

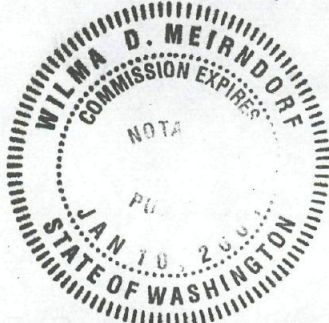
William R. Hartschorn (Seal)

Karin A. Murphy (Seal)
Grantor(s)

State of Washington)
County of Jefferson)

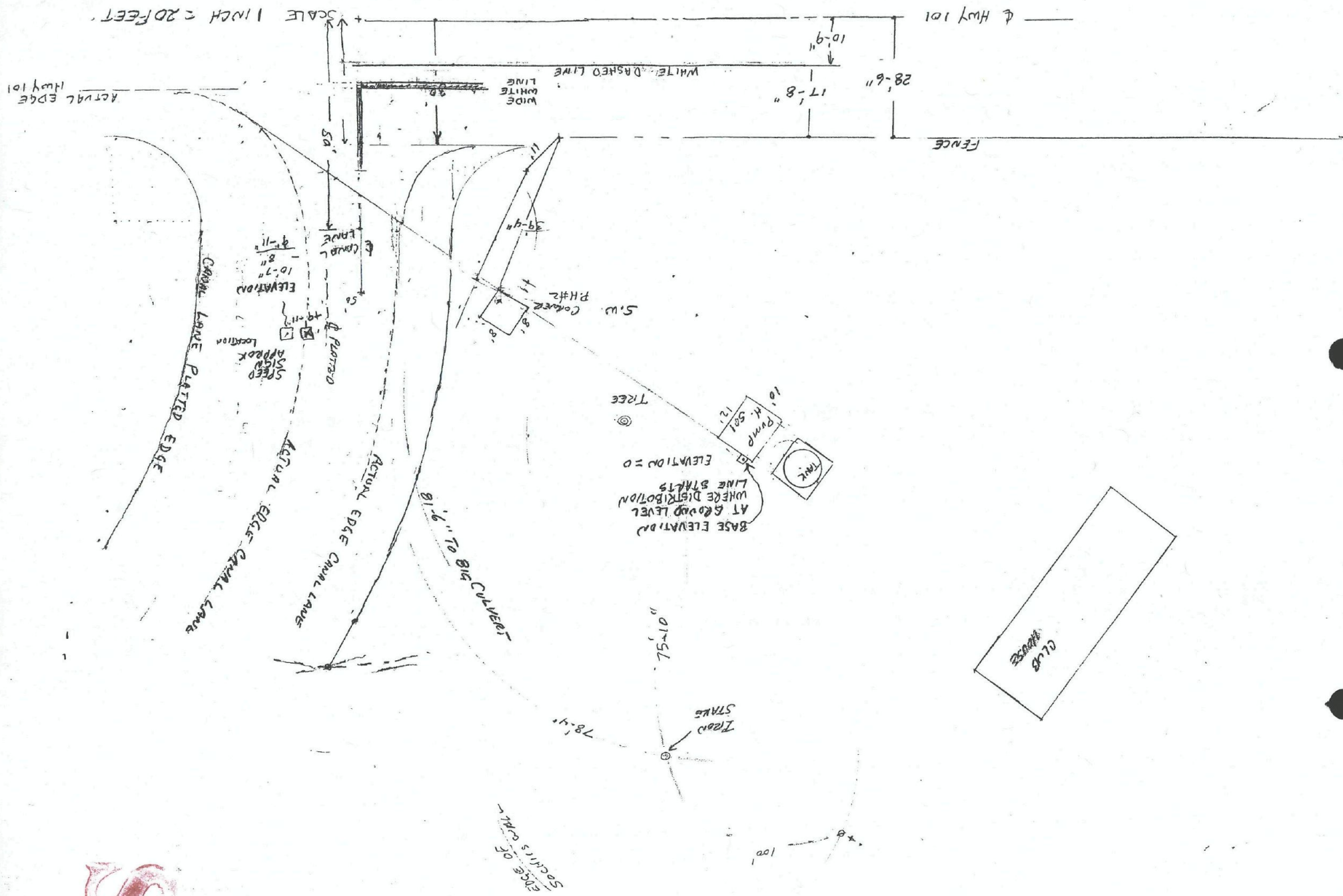
I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this 13th day of September, 1997, personally appeared before me William A. Hartschorn and Karin A. Murphy to me known to be the individual(s) described in and who executed the within instrument, and acknowledge that he (they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.



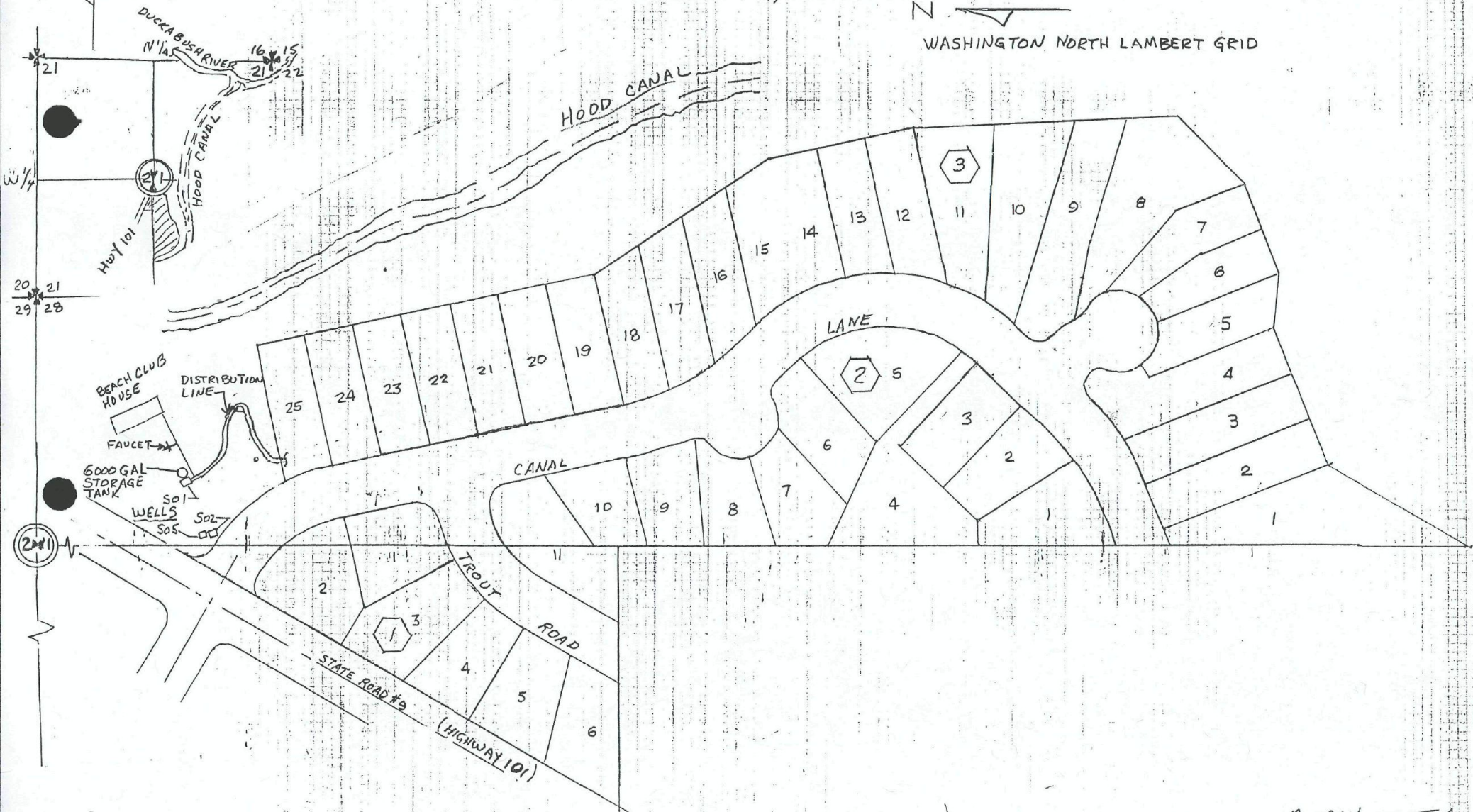
Wilma D. Meirndorf
Notary Public in and for the State of Washington, residing at
Lilliwaup, WA
My Commission
Expires: Jan 10, 2001





OLYMPIC CANAL TRACTS ADDITION NO 1
SEC 21 TWP25N, R2W, W.M.
JEFFERSON COUNTY, WASHINGTON

WASHINGTON NORTH LAMBERT GRID



On: 03/03/1998 At: 12:23 pm

RECEIPT

Receipt Number 98-201779

Department of Ecology (4610)
PO Box 5128
Lacey, WA 98509-5128
(360) 407-7095

Current Document Number **461A0756CJ**

Date 03/04/1998

Remitter Name **OLYMPIC CANAL TRACTS**

Receipt Name

Check/Draw Number **517**Document Amount **\$10.00**Method of Payment **Check**

| Comment | Description | WATER RIGHTS APPLICATION FEE |
|---------|-------------|------------------------------|
| | | |

[illegible]